



County of Moore
Department of Public Safety
Fire Marshal's Office

PERMIT APPLICATION

103 Saunders Street • Post Office Box 905 • Carthage, NC 28327 • Phone (910) 947-6317 • FAX (910) 947-6378

Date ____/____/____ Business Name _____
Street Address _____ City _____ ST ____ Zip _____
Mailing Address _____ City _____ ST ____ Zip _____
Contact Number (____) _____ FAX (____) _____

Project Name _____
Site Address _____ City _____ ST ____ Zip _____

In accordance with the North Carolina Fire Prevention Code, the following operational (O) and construction (C) permits are mandatory. I am hereby requesting a permit for:

- | | |
|---|--|
| <input type="checkbox"/> Amusements buildings (O-\$50) | <input type="checkbox"/> Fumigation and thermal insecticidal fogging (O-\$50) |
| <input type="checkbox"/> Automatic fire-extinguishing systems (C-\$50 up to 100 heads, \$0.50 ea additional head) | <input type="checkbox"/> Hazardous materials (C-\$50) |
| <input type="checkbox"/> Carnivals and fairs (O-\$50) | <input type="checkbox"/> Industrial Oven (C-\$50) |
| <input type="checkbox"/> Compressed gases (C-\$50) | <input type="checkbox"/> Liquid- or gas- fueled vehicles or equipment in assembly buildings (O-\$50) |
| <input type="checkbox"/> Covered mall buildings (O-\$50) | <input type="checkbox"/> Private fire hydrants (C-\$50,O-\$50) |
| <input type="checkbox"/> Exhibits and trade shows (O-\$50) | <input type="checkbox"/> Pyrotechnic special effects material (O-\$100) |
| <input type="checkbox"/> Fire alarm and detection systems and related equipment (C-\$50) | <input type="checkbox"/> Spraying or dipping (O-\$50,C-\$50) |
| <input type="checkbox"/> Fire pumps and related equipment (C-\$50) | <input type="checkbox"/> Standpipe system (C-\$50) |
| <input type="checkbox"/> Flammable and combustible liquids (O-\$100,C-\$100) | <input type="checkbox"/> Temporary Membrane Structures, Tents, and Canopies (C-\$50,O-\$50) |

FAILURE TO SECURE A PERMIT PRIOR TO OPERATION OR CONSTRUCTION WILL RESULT IN THE PERMIT FEE BEING DOUBLED

Occupancy type or description of permit applied for _____

Contractor _____ State License Number _____

Address _____ City _____ ST ____ Zip _____

Phone (____) _____ Fax (____) _____

The undersigned hereby makes application above and agrees to conform to all State and Local laws.

Signature _____ Date ____/____/____

This application must be completed and returned to the Moore County Fire Marshal's Office prior to the issuance of the permit. A site inspection will be conducted to verify compliance. Please allow up to five (5) working days for processing.

*** FIRE PERMIT FEES WILL BE BILLED TO THE BUSINESS ADDRESS LISTED ABOVE ***